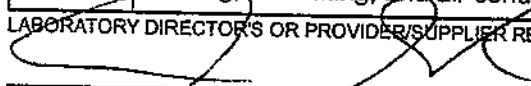


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 PRINTED: 04/10/2015  
 FORM APPROVED  
 OMB NO. 0938-0391

454 5/23/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  04/06/2015
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 014 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure interior corridor surface finishes had a flame spread rating of B or less.</p> <p>The findings include: Observation and interview with the Maintenance Director, on 4/6/2015 at 9:30 AM confirmed the corridor walls had carpeting on the lower 36-inches. The facility could not provide manufacturer's documentation on flame spread rating.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.</p>	K 014	<p>K 014</p> <ol style="list-style-type: none"> <li>1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS so that interior finishes for corridors and exit ways have a flame spread rating of Class A or Class B. The carpet is being removed and this is expected to be completed by 5/8/15.</li> <li>2. An audit was completed by the Maintenance Director on 4/10/15 to identify all corridor walls where carpet was located.</li> <li>3. The Maintenance Director will audit building monthly to ensure that the interior finishes have a flame spread rating of Class A or Class B.</li> <li>4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.</li> </ol>	5/22/15	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems.</p>	K 025	<p>K 025</p> <ol style="list-style-type: none"> <li>1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to ensure that fire barrier's one (1) hour fire rated construction is maintained. On 4/6/15 the identified unsealed penetration in the electrical room was sealed by the Maintenance Director.</li> <li>2. An audit was completed by the Maintenance Director on 4/10/15 to ensure there were no penetrations elsewhere in the building.</li> </ol>	5/22/15	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
			Administrator		5/1/15

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 025	Continued From page 1 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure fire barrier's one (1) hour fire rated construction is maintained. (NFPA 101, 8.2.3.2.4.2.) The findings include: Observation and interview with the Maintenance Director, on 4/6/2015 at 10:55 AM confirmed an unsealed penetration in the electrical room above the main distribution panel. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.	K 025	3. The Maintenance Director will audit building monthly to ensure that all fire barrier's one (1) hour fire rated construction is maintained.  4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 029	K 029  1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to ensure hazardous areas are protected. The room will no longer be used to store hazardous materials. All hazardous materials will be removed by 5/8/15 and the room will be converted back into an office.  2. An audit was completed by the Maintenance Director of hazardous storage areas to ensure that hazardous areas were protected on 4/10/15.  3. The Maintenance Director will audit hazardous areas on a monthly basis for three months for compliance.	5/22/15	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LIFE CARE CENTER OF COPPER BASIN****166 COPPER BASIN INDUSTRIAL PARK PO BOX 518  
DUCKTOWN, TN 37326**

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K 029	Continued From page 2 failed to ensure hazardous areas were protected.  The findings include:  Observation and interview with the Maintenance Director, on 4/6/2015 at 11:50 AM confirmed the nurse's storage room door by room 121 medical records was not provided with a door closer, the room was not one hour rated, and did not have a 45 minute door. (NFPA 101, 19.3.2.1 (7)).  This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.	K 029	4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide instructive signage on a contrasting background for operation of 3 of 9 delayed-egress doors.  Findings include:  Observation and interview with the Maintenance Director, on 4/6/2015 at 11:35 AM confirmed the delayed egress sign on the Dining room exit door, end of 100 hall door, and physical therapy doors	K 038	K 038  1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to provide instructive signage on a contrasting background for the operation of delayed-egress doors. Contrasting background signage was placed on the delayed-egress doors in the dining room, 100 and 200 Hall, physical therapy, front entrance door, and the north wing activity room on 5/1/15.  2. An audit was completed by the Maintenance Director to identify all delayed-egress doors that had instructive signage that needed contrasting background on 4/10/15.  3. The Maintenance Director will audit building monthly to ensure that instructive signage is on a contrasting background for the operations of delayed-egress doors monthly for three months to ensure compliance.	5/5/15

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K 038	Continued From page 3 was not on a contrasting background. (NFPA 101, 7.2.6.1)  This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.	K 038	4. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.	4/10/15	
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure exits paths to the public way were not provided with egress lighting.(NFPA 101, 7.8.1.1, 7.8.1.3) The findings include: Observation and interview with the Maintenance Director, on 4/6/2015 at 10:20 AM confirmed outside exits paths to the public way were not provided with egress lighting in the following areas: 1. The exit outside "A" hall was not provided with any emergency lighting 2. The exit outside the dining room was not provided with any emergency lighting.  These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.	K 045	1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to ensure exit paths to the public way are provided with egress lighting. On 4/10/15 the Maintenance Director installed additional lighting to the exit outside A Hall and the exit outside the Dining Room.  2. An audit was completed by the Maintenance Director to ensure all exit paths to the public way are provided with egress lighting was completed on 4/8/15.  3. The Maintenance Director will audit the lighting of exit paths to the public way monthly to ensure compliance.  4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.		

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K 062 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure maintain the sprinkler system. (NFPA 25, 5.2.1.1.1, NFPA 25, 5.2.1.1.2), Table 5.1</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1) Observation and record review with the Maintenance Director, on 4/6/2015 at 9:30 AM confirmed no 10-year dry sprinkler testing/replacement was performed. (NFPA 25, 2-3.1.1 Exception No. 5; Temporary interim amendment 98-1)</li> <li>2) Observation and interview with the maintenance director, on 4/6/2015 at 11:30 AM confirmed corroded sprinkler heads were observed in the following locations: <ol style="list-style-type: none"> <li>1. Outside the exit from B hall</li> <li>2. Laundry exit</li> <li>3. Two of two outside hot water rooms</li> <li>4. Main electrical room</li> </ol> </li> </ol> <p>These finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.</p>	K 062	<p>K 062</p> <ol style="list-style-type: none"> <li>1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to ensure the maintenance of the sprinkler system. Sprinkler heads have been ordered for the replacement of the corroded sprinkler heads. Sprinkler heads have also been ordered for the replacement of the heads to be tested for the 10-year dry sprinkler test. This is expected to be completed by 5/22/15</li> <li>2. An audit was completed by the Maintenance Director on 4/10/15 to ensure all sprinkler heads were compliant and not corroded.</li> <li>3. The Maintenance Director will audit sprinkler heads monthly and review documentation for all related tests to sprinkler system monthly for three months to ensure compliance.</li> <li>4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.</li> </ol>	5/22/15	
K 069	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	K 069	<p>K 069</p> <ol style="list-style-type: none"> <li>1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARD to ensure cooking facilities are protected. The up blast fan and enclosed grease catch have been ordered for the kitchen hood exhaust system. Installation of these parts is expected to be completed by 5/22/15.</li> </ol>	5/22/15	

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K 069 SS=D	Continued From page 5  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the upblast fan and an enclosed grease catch for the kitchen hood exhaust system was installed. (NFPA 96, 4-8.2.1.(e)) The findings include: Observation and interview with the maintenance director on 4/6/2015 at 1:30 PM confirmed the upblast fan on the roof was not hinged and no enclosed grease catch container was provided. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.	K 069	2. An audit was completed by the Maintenance Director on 4/10/15 to ensure all required equipment was installed in the kitchen to ensure the cooking facility is protected.  3. The Maintenance Director will audit the cooking facility monthly for three months to ensure all required parts are installed.  4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.	5/1/15	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to perform annual 2-hour load tests where required (NFPA 110, 6-4.2.2)	K 144	K 144  1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARD to perform an annual 2-hour load test where required. A 2-hour load test was conducted on 4/30/15 by the Maintenance Director.  2. An audit was conducted by the Maintenance Director on 4/10/15 of all generator tests to ensure that they had been conducted and documentation was present.  3. The Maintenance Director has added the 2- hour load test to our TELs system. This will be part of the normal testing schedule and the Maintenance Director will ensure all tests are conducted on time. The Maintenance Director will audit the generator tests monthly for three months to ensure compliance.		

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K 144	Continued From page 6 The findings include:  Record review and interview with the Maintenance Director, on 4/6/2015 at 10:10 AM confirmed the emergency generator does not achieve at least 30% of nameplate rating and failed to have any 2-hour load bank testing performed. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.	K 144	4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.	4/10/15	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure electrical panels had the required clear space in front of them (NFPA 70, 110-16 (d)). The findings include: Observation and interview with the Maintenance Director, on 4/6/2015 at 11:05 AM confirmed storage in front of the electrical panels in the electrical room across from room 221. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/6/2015.	K 147	1. It is the policy of Life Care Center of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to ensure electrical panels have the required clear space in front of them. The stored items were moved on 4/6/15 and there is now the required clear space in front of the electrical panels.  2. An audit was completed by the Maintenance Director to ensure there was a required clear space in front of the electrical panels throughout the building on 4/10/15.  3. The Maintenance Director will ensure there is the required clear space in front of the electrical panels monthly for three months to ensure compliance  4. The Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.		